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Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Transfer U.S. DEPARTMENT OF COMPANIENT OF CONTROL NUMBER 1 displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	10/524,608	_
Filing Date	03/24/2006	
First Named Inventor	Kevan M. Shokat	
Art Unit	n/a	
Examiner Name	n/a	
Attorney Docket Number	71332 00301 LITI	

I hereby revoke all previous powers of attorney given in the above-identified application.
A Power of Attorney is submitted herewith. A Power of Attorney is submitted herewith.
I hereby appoint the practitioners associated with the Customer Number: 36183
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 36183 Address on 300
OR OR
Firm or Individual Name
Address
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Telephone Email
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record
Signature Xusung, Wakashum
Name Susan Y. Nakashima, Business Manager
Date Telephone (415) 353-4471
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.
*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Rec'd PCT/PTO 24 MAR 2006 PTO/SB/81 (04-05)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/524,608
Filing Date	February 14, 2005
First Named Inventor	Shokat, Kevan M.
Title	PROTEOME-WIDE MAPPING OF POST-TRANSLATIONAL MODIFICATIONS USING ENDONUCLEASES
Art Unit	
Examiner Name	
Attorney Docket Number	18062G-006610US

I hereby revoke all prev	vious powers of attorney given in the	above-identified application.	
I hereby appoint:			
Practitioners associ	ated with the Customer Number:	20350	
Practitioner(s) name	ed below:		
1 1000101101011011	Name	Registration Number	
<u> </u>		regisuation number	
		 	
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as my/our attorney(s) or ago Trademark Office connecte	ent(s) to prosecute the application identified therewith.	ed above, and to transact all business in the United States Patent and	
Please recognize or chang	e the correspondence address for the ab	bove-identified application to:	
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Telephone		Email	
I am the: Applicant/Inventor.		(The Regents of the University of California)	11
Assignee of record of Statement under 37	of the entire interest. See 37 CFR 3.71. (CFR 3.73(b) is enclosed. (Form PTO/SB		adi
	SIGNATURE of Applican	nt or Assignee of Record	
Signature	Ourn y. Nakaskin	Date December 20, 2005	
Name	Stran Y. Nakashi	ima Telephone	
Title and Company	Business Manag	187 / 333 17:1	
NOTE: Signatures of all the invensignature is required, see below.	Unice of Technology Ma University of California, Sa	inagement to their representative(s) are required. Submit multiple forms if more than one	
Total of	forms are submitted.		
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